

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/6/05</u>		2 Serial/Patent # <u>09/692,807</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		<u>11/3/05</u>	\$ <u>980</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ <u>980</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> </tr> </table>			1	6	--	1	4	4	5
1	6	--	1	4	4	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Maximum amount for Extension Expenses</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>CHARLEMA GRANT</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>C. Grant</u>		PHONE: <u>272-3215</u>									
OFFICE: <u>Albany</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Han Le</u>		DATE: <u>1/7/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: